

# FY-2005 LOUISIANA EQIP RANKING FORM

Page 1

<b><u>Applicant Information</u></b>			
Name: _____		Date of Application: _____	
Address: _____			
Application No. _____	Farm No.: _____	Tract No.: _____	
Land Use: _____		Application Acres: _____	

A. Significant Application Evaluation Questions (For each question, YES = 1 point ; No = 0 Points)		
(NOTE: Some questions are two-part. Yes must be answered to <u>both</u> parts in order to get 1 point)		
	Points	
1) Are the offered acres within the drainage area of a stream segment or waterbody that is designated by the State Water Quality Management Plan (305(b) report) as "Not Fully Supporting" its designated use due to agriculture, <u>AND</u> , will the cost-shared treatment improve the water quality of runoff from the offered acres? <div style="text-align: right;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></div>		0
2) Do the offered acres consist of a predominance of soil with a surface layer K factor equal to or greater than .43, <u>AND</u> , will the cost-shared treatment reduce soil erosion? <div style="text-align: right;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></div>		0
3) Will the planned treatment assist the applicant in complying with Federal or State Environmental Laws? (Confined Animal Feeding Operations ONLY) <div style="text-align: right;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></div>		0
4) Are the offered acres within the drainage area of a scenic stream (that portion designated by the State as scenic) <u>AND</u> , will the cost-shared treatment reduce non-point-source pollution? <div style="text-align: right;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></div>		0
5) Are the offered acres within a parish listed as significant Threatened and Endangered (T&E) Species Habitat, <u>AND</u> , does the cost-shared treatment include targeted practice(s) that will benefit the identified T&E habitat? <div style="text-align: right;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></div>		0
6) Is the applicant currently participating in the Master Farmer Program and/or Master Catleman Program? <div style="text-align: right;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></div>		0
<b>Sub Total A</b>		<b>0</b>

B. Practices Providing Environmental Benefits	
(List applicable benefiting practices and designated points from the Practice Benefits Matrix)	
	Points
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Sub Total B</b>	<b>0</b>

C. Total Environmental Benefits:	Sub Total A + B	0
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D. Cost Factor:	#REF!
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E. Total Ranking Score:	Total C + D (final Ranking Score)	#REF!
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### Applicant Information

Name: 0 Date of Application: 1/0/1900  
 Address: 0  
 Application No.: 0 Farm No.: 0 Tract No.: 0  
 Land Use: 0 Application Acres: 0

### F. Cost-Shared Practices Requested

Conservation Practice/Components	Practice Code	Units	Unit Cost	Estimate Practice Extent	Estimate Cost (100%)
	0	0	0		\$0
	0	0	0		\$0
	0	0	0		\$0
	0	0	0		\$0
	0	0	0		\$0
	0	0	0		\$0
	0	0	0		\$0
	0	0	0		\$0
Continue on page 3 and 4 if needed					Total Estimated Cost (100%)
					#REF!

Remarks:

### G. Acknowledgement and Signatures

I have applied for EQIP funding on the above practices. These practices are not part of my normal farming operation and I am not requesting EQIP Payments for practices currently within the lifespan of previous federal cost-share practice payments. I have reviewed and agree with the above ranking score for my EQIP Application. I acknowledge that this form is not an authorization for me to begin application of the requested conservation practices.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Designated Conservationist Signature)

\_\_\_\_\_  
(DATE)

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